



Florida Small Cities Community Development Block Grant Coronavirus Relief Funding (CDBG-CV)

Application for Funding

Applicant: _____
(Name of Local Government)

- | | |
|--|---|
| <input type="checkbox"/> Commercial Revitalization | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Neighborhood Revitalization | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Other (Specify) _____ | |

Mailing Address: Department of Economic Opportunity
Bureau of Small Cities and Rural Communities
107 East Madison Street – MSC 400
Tallahassee, Florida 32399-6508

Telephone: (850) 717-8405
Fax: (850) 922-5609
Web: <http://www.floridajobs.org/SmallCitiesCDBG>

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Supporting Documentation will be uploaded separately, per appendix online through our Qualtrics application. For a supporting documentation checklist and more information on submitting your application through Qualtrics go to www.floridajobs.org/CDBG-CV.

Throughout the application try to keep responses limited to the space provided, but if more space is needed include a supplementary document in the supporting documentation upload.

Part I – Applicant Information

| | | |
|---------------------------------|----------------------------------|--------------------|
| Local Government Name: | | |
| Street Address: | | |
| Mailing Address (if different): | | |
| City: | Zip Code: | County: |
| Main Telephone: | Main Facsimile: | Federal ID Number: |
| DUNS Number: | Local Government's Name in DUNS: | |

| | |
|-------------------------|------------|
| Chief Elected Official: | Title: |
| Telephone: | Facsimile: |
| E-mail Address: | |

| | |
|-------------------------------------|------------|
| Local Government Financial Officer: | Title: |
| Telephone: | Facsimile: |
| E-mail Address: | |

| | |
|-----------------------------------|------------|
| Local Government Project Contact: | Title: |
| Street Address: | |
| City: | Zip Code: |
| Direct Telephone: | Facsimile: |
| E-mail Address: | |

Part I - Applicant Information (Continued)

| | | |
|---|--|-----------|
| Application Preparer Information | | |
| Preparer's Name: | Organization Preparing Application: <input type="checkbox"/> Local Government <input type="checkbox"/> Private Company <input type="checkbox"/> RPC | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone: | Facsimile: | |
| E-mail Address: | | |

| | | |
|-------------------------------------|---|-----------|
| Grant Consultant Information | | |
| Consultant's Name: | <input type="checkbox"/> Private Company <input type="checkbox"/> RPC | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone: | E-mail Address: | |

| | | |
|--|---------------------------------|--------------------------------|
| Demographics | | |
| U.S. Congressional District Number: | Florida Senate District Number: | Florida House District Number: |
| Service Area Census Tract(s) and Block Group(s): | | |

Part I - Applicant Information (Continued)

| | | |
|--|--|---|
| Answer the following questions by clicking on the correct check box. | | |
| Interlocal Agreement Will project activities require an interlocal agreement? If yes , the interlocal agreement(s) must be uploaded in Part I: Applicant Information Supporting Documentation. (See instructions.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State of Financial Emergency Is the local government currently identified as being in a State of Financial Emergency pursuant to Section 218.50 – 218.504, Florida Statutes? Check at http://www.leg.state.fl.us/cgi-bin/View_Page.pl?File=financialemergencies.cfm&Directory=committees/joint/Jcla/&Tab=committees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Consultant Procurement Does the applicant intend to hire a grant consultant to administer the grant award? If yes, has a consultant been procured? If yes, documentation must be uploaded in Part III: Budget Information Supporting Documentation. (See instructions.) Does the applicant intend to hire an architect/engineer to implement the project? If yes, documentation must be uploaded in Part III: Budget Information Supporting Documentation. (See instructions.) | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |

| | | | |
|---------------------------------|----------------------------|-----------------|--------------------|
| Subrecipient Information | | | |
| Subrecipient Name: | | | |
| Street Address: | | | |
| Mailing Address (if different): | | | |
| City: | | Zip Code: | County: |
| Telephone: | E-mail Address: | | Federal ID Number: |
| DUNS Number: | Subrecipient Name in DUNS: | | |
| Recipient Project Contact: | | Title: | |
| Direct Telephone: | | E-mail Address: | |

Part II – Citizen Participation

| | |
|--|--|
| Citizen Participation – Public Hearings Documentation of the citizen participation activities must be uploaded in Part II: Citizen Participation Supporting Documentation. (See instructions.) | |
| List the date that the public notice for the first public hearing was published: | List the date when the first public hearing was held: |
| List the date that the public notice for the second public hearing was published: | List the date when the second public hearing was held: |

Recipients are required to take reasonable steps to ensure meaningful access to LEP persons. This "reasonableness" standard is intended to be flexible and fact dependent. It is also intended to balance the need to ensure meaningful access by LEP persons to critical services while not imposing undue financial burdens on small businesses, small local governments, or small nonprofit organizations. As a starting point, a recipient may conduct an individualized assessment that balances the following four factors:

- The number or proportion of LEP persons served or encountered in the eligible service population ("served or encountered" includes those persons who would be served or encountered by the recipient if the persons received adequate education and outreach and the recipient provided sufficient language services);
- The frequency with which LEP persons come into contact with the program;
- The nature and importance of the program, activity, or service provided by the program; and
- The resources available and costs to the recipient.

Examples of applying the four-factor analysis to HUD-specific programs are located in [Appendix A of the LEP Final Guidance](#).

Describe the outcomes of the 4-Factor Analysis for Limited English Proficiency:

Part II – Citizen Participation (Continued)

Describe the methods used to solicit participation of low-and moderate-income persons:

Denote any adverse comments/complaints received and describe resolution:

If no comments were made by the residents during the public hearing, describe the efforts to obtain input from residents on the project:

Part III – Budget Information

Summary Budget

| ACTIVITY | CDBG | LOCAL | IN-KIND | TOTAL |
|----------------------------|------|-------|---------|-------|
| Administration (1) | | | | |
| Engineering (2) | | | | |
| Additional Engineering (3) | | | | |
| Construction (4)* | | | | |
| Acquisition(5)* | | | | |
| Public Services(6)* | | | | |
| Public Assistance(7)* | | | | |
| Business Assistance(8)* | | | | |
| Planning(9)* | | | | |
| TOTAL | | | | |

(1) Administration: 8% of total award not to exceed \$50,000. May include professional services and/or salaries and benefits for positions delivering grant administration services; general expenses including supplies, postage, advertising, costs related to environmental record review; etc.

(2) Engineering: May include professional services for construction planning and design, construction engineering, and inspections.

(3) Additional engineering services subject to review and approval by DEO.

(4) Construction: Includes the cost of construction services for allowable construction activities.

(5) Acquisition: Cost of acquisition of real property in support of a CDBG-CV funded activity.

(6) Public Services: May include cost of nursing assistance, viral testing for infection, meals on wheels, community outreach services, etc.

(7) Public Assistance: May include cost of rental assistance, payroll assistance, etc.

(8) Business Assistance: Includes both microenterprise and assistance to businesses. May include the cost of technical assistance, direct financial assistance or physical improvements.

(9) Planning: Includes planning-only activities and may be limited by the total available CDBG-CV planning and administration funds per 24 CF 570.489. This category does not include planning that is associated with another activity. This planning-only activity must meet a National Objective per 24 CFR 570.483.

* May also include cost of professional services and/or salaries and benefits for activity delivery costs (i.e., Davis Bacon compliance, client screening, case management, etc.).

Detailed Budget Assumptions

Explain the proposed project budget, including how you derived costs for each activity cost of the budget form. Your assumptions should include:

- How this budget is reasonable and appropriate considering the scope, substance, and duration of the proposed project.
- The basis and the assumptions behind the activity cost calculations. Be detailed and specific.
- Detail on any equipment purchases using CDBG funds over \$300.
- Source documentation of the costs, such as an engineer's preliminary cost estimate. Supporting documentation can be uploaded in Part III: Budget Information Supporting Documentation. (See instructions.)

Sources of Funds (not including CDBG-CV)

| SOURCE | AMOUNT | COMMITTED |
|--------------|--------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TOTAL | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Attach documentation of commitment of all other fund sources in Part III: Budget Information Supporting Documentation. (See instructions.)

Part IV – Activity Description

Describe the proposed project in no more than three sentences using the guidelines in the instructions.

Applicants must also clearly summarize the proposed project and intended outcomes in no more than 500 words. The information below must be included in the project summary:

- Activity description
- Justification of need for CDBG-CV funding (tie to COVID-19)
- Description of the service area
- Identification of all project partners
- Information on leveraged funds included in project
- Beneficiaries (Total, VLI and LMI) of the activities.

*@ 500 word supporting documentation, if applicable, in Appendix IV: Activity Description Supporting Documentation. (See instructions.)

Part V – CARES Act Justification

Describe how this activity will prevent, respond to, or assist in the recovery from the coronavirus pandemic. Maximum one page. Supporting documentation may be included in Appendix V: CARES Act Justification Supporting Documentation (See instructions.)

Part VI – National Objective Information

Complete the following questions. Census data must be provided even if an Income Survey will be used. Documentation supporting the National Objective must be uploaded in Part VII: National Objective Supporting Documentation. (See Instructions.)

Select the CDBG National Objective the project/program is intended to meet. Choose one of the three National Objectives and the Sub-Objective:

Benefit to Low- to Moderate-Income Persons

Area Benefit

Limited Clientele

Jobs

Housing

Prevention or Elimination of Slums or Blight

Area Basis

Spot Basis

Urgent Need

For ALL projects:

List the census tract number(s) that are included in the project area:

List the census tract block group(s) that are included in each of the census tracts listed in the previous question:

Explain why the National Objective was selected and how this project meets the criteria of that objective. **Refer to the instructions on pages 6-8 for further guidance on the criteria and information that must be included.** Specifically, make sure to address the questions listed for the chosen national objective.

For LMI Area projects:

If an Income Survey was used, please complete the following items:

Low/Moderate percentage from that survey:

Date the Income Survey was started:

Date the Income Survey was completed:

If Census Data was used to establish the percentage of low-to-moderate income, report the percentage and Census data as follows:

- If the Service Area covers all of the Block Groups in a Census Tract, list only the Census Tract number (do **not** list the Block Group numbers). Provide data for all persons who reside in the Census Tract; or

- If the Service Area covers **only some** of the Block Groups in a Census Tract, list each of the Block Group numbers on a separate line with the Census Tract number. Provide data **only** for the persons who reside in each of the Block Groups.

| Census Tract Number | Block Group Number | Total Persons in Census Tract or Block Group (A) | Total Low- and Moderate-Income Persons (B) |
|---------------------|--------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Column (B) divided by Column (A): _____%

Proposed Accomplishments

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types.

| Unit Type | Number of Units | Unit Type | Number of Units | Unit Type | Number of Units |
|-----------|-----------------|-----------|-----------------|-----------|-----------------|
| People | | Jobs | | Household | |

Part VII – Environmental Review Information

Is the project Exempt or Categorically Excluded? ☐ Yes ☐ No

If no, has the environmental review process been completed? ☐ Yes ☐ No

Describe the project activities, level of environmental review required, and the status of review:

Applicants must attach Certificate of Exempt/CENST and/or documentation that the applicable level of review has been completed up to, but not including, publication in Part VII: Environmental Review Supporting Documentation. (See instructions.)

Does the applicant participate in the National Flood Insurance Program: ☐ Yes ☐ No

Part VIII – Applicant Capacity and Experience

Describe the applicants and/or the subrecipients experience and qualifications for performing the proposed activity.

Identify the four (4) most recent projects similar to the one proposed that the grantee and/or subrecipient has either completed or assisted in completing.

Fiscal and Grants Management. Describe the applicant's fiscal management structure, financial controls, and process for managing grant funds, including the process and protocol for preparing and managing the quality and accuracy of reporting on grant outcomes and related grant expense requests prior to their submittal for reimbursement to grant funders.

Part IX – Duplication of Benefits

CDBG-CV funds cannot be used to pay for eligible costs that have already been paid for, or will be paid for, by another federal program, insurance, or other sources. If this occurs, the grantee must repay its CDBG-CV grant. Grantees must prepare a Duplication of Benefits Worksheet to determine the level of CDBG-CV assistance that is considered non-duplicative.

Grantees must ensure that subrecipients, assisted individuals or families, businesses, and other entities that receive CDBG-CV assistance have not previously received, or will not receive, duplicative assistance from another source before CDBG-CV assistance is provided.

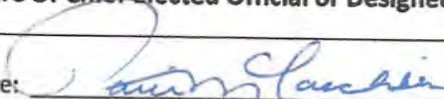
Will the activity provide a direct benefit to individuals, households, or businesses? ☐ Yes ☐ No


If yes, describe how the applicant will ensure that duplication of benefits requirements have been met and documented.

Part XIV – Application Authorization

The CDBG-CV Entitlement application must be signed by an authorized representative of the Unit of Local Government Applicant.

I, the undersigned chief elected official or authorized representative of the Applicant, certify that, to the best of my knowledge, this Florida Community Development Block Grant-Coronavirus Small Cities Application for Funding was prepared in accordance with state and federal rules and regulations, contains information that is true and correct, and has been approved by the local governing body.

| |
|--|
| Signature of Chief Elected Official or Designee |
| Signature: <u></u> |
| Typed Name and Title: Patti McLauchlin, City Manager |
| Date: <u>10/27/2021</u> |
| If signed by a person other than the chief elected official, a copy of the resolution authorizing the person to sign the application must be included in Appendix I. |

| |
|--|
| Signature of Application Preparer if not an employee of the Local Government |
| Signature: <u></u> |
| Typed Name and Title: Christine Lane |
| Name of Firm or Agency: Langton Consulting |